

Attorney Docket No. 990594

PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of)
 Ramin Rezaiifar et al.) For: METHOD AND APPARATUS
) FOR ENCRYPTING
) TRANSMISSIONS IN A
) COMMUNICATION SYSTEM
 Serial No. 09/676,036)
 Filed: September 28, 2000) Group No. 2132

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AMENDMENT

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 21, 2004, the time for responding having been extended until April 21, 2005, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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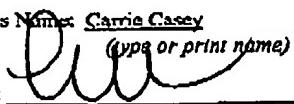
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Depositor's Name: Carrie Casey
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 Signature: 



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5775 Morehouse Drive
San Diego, CA 92121
Fax: (858) 658-2502

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TO: Amendment
Commissioner for Patents

ATTN: Examiner: Cas P. Stulberger
Art Unit: 2132

FAX NUMBER: (703) 872-9306

FROM: Jae-Hee Choi, Attorney for Applicant
Registration No. 45,288

Total Number of Pages Sent: 7 (including this transmittal cover sheet)

FILING BY FACSIMILE:

ATTORNEY DOCKET NO.: 990594

ENCLOSED ARE:

- Amendment (4 pages)
- Transmittal (in duplicate)

APPLICANT: Ramin Rezaifar et al.

ASSIGNEE: QUALCOMM Incorporated

SERIAL NO.: 09/676,036

FILED: September 28, 2000

FOR: METHOD AND APPARATUS FOR ENCRYPTING TRANSMISSIONS IN A
COMMUNICATION SYSTEM

Please contact Carrie Casey at (858) 845-0157 if all pages do not transmit.

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AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 990594
In Re Application of: Rezalifar et al.
Serial Number: 09/676,036
Filed: September 28, 2000
Examiner: Cas P. Stulberger
Group Art Unit: 2132

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid		
Total*	15	15	0	x \$50 =	\$		
Independent**	9	9	0	x \$200 =	\$		
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$360	\$		
EXTENSION FEES			<input checked="" type="checkbox"/> One Month	\$120	\$120		
			<input type="checkbox"/> Two Months	\$450	\$		
			<input type="checkbox"/> Three Months	\$1020	\$		
TERMINAL DISCLAIMER				\$130	\$		
*If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c.				TOTAL FEE	\$120		

4. Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$120.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 5, 2005

Signature: 

Jae-Hee Choi, Reg. No. 45,288
(858)651-5469

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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Signature: 